

**CITY OF ABERDEEN**

FINANCE DEPARTMENT

200 E. Market Street
ABERDEEN, WA 98520-5207

Phone: (360) 537-3225 • www.aberdeeninfo.com

PLEASE DO NOT STAPLE CHECK TO FORM

QUARTER ENDING:

TAX RETURN DUE DATE:

COMBINED QUARTERLY CITY TAX RETURN

Use this form to report tax liability as required by Chapters 5.02, 3.76, 3.80, and 3.72 of the Aberdeen City Code.

City License #:

WA State UBI #:

INDICATE BUSINESS INFORMATION CHANGES HERE

(If address change, please indicate if change is mailing address, or physical address or both.)

PLEASE VERIFY ACCURACY OF ABOVE INFORMATION**INSTRUCTIONS** for completing tax return are on back. Send completed tax form with remittance by due date to the address listed above. Make check payable to "City of Aberdeen" and write your City License # on check. Do not send cash in mail.

Line No.	Business Classification Col. 1	Gross Revenue Col. 2	Deductions (List detail below**) Col. 3	Taxable Income (Col. 2 - Col. 3) Col. 4	Tax Rate Col. 5	Tax Due (Col. 4 X Col. 5) Col. 6	CITY USE ONLY
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BUSINESS AND OCCUPATION TAX (Chapter 5.02)

1	Retail, Wholesale & Miscellaneous				.003		11
2	Professional & Retail Services				.00375		22
3	Contracting				.003		33
4	Manufacturing & Extracting				.002		44

If column 4 total is less than \$5000, zero tax is due. **A return must still be filed.** If column 4 total is \$5000 or more please enter tax amount(s) in column 6. (Note: Any Utility, Gambling or Admissions Tax due below must still be paid).**TOTAL COLUMN 4 (ADD LINES 1 THRU 4)****UTILITY TAX (Chapter 3.76)**

5	Electric Utility				.06		66
6	Natural Gas				.06		72
7	Telephone				.06		77

GAMBLING TAX (Chapter 3.80)

8	Amusement Games				.02		81
9	Bingo & Raffles				.100		82
10	Punchboards & Pulltabs				.10		83
11	Social Card Games				.07		84

ADMISSIONS TAX (Chapter 3.72)

12	Admissions Fees				.05		91
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**** Deduction Detail**

Ln#	Deduction Description	Amount	A. Total of Col. 6
			B. IF LINE A OR F EQUALS ZERO, A RETURN MUST STILL BE FILED
			C. PENALTIES <small>See instructions on back of taxpayer copy.</small>
			D. INTEREST - Per AMC section 5.06.090
			E. Previous Balance Due or <Credit>
			F. TOTAL TAX DUE (Line A+C+D+E) 2002

IS THIS A FINAL RETURN? YES ☐ NO ☐

If yes, please complete the following:

☐ Discontinued

Effective Date: _____

☐ Moved - Forwarding Address: _____☐ Ownership Changed - New Owner _____

Address: _____ Phone: _____

The undersigned taxpayer declares they have read the foregoing return and certify it to be correct.

X

Print Name

Date

Phone #**THIS SPACE FOR OFFICE USE ONLY**